plication of	Docket Number
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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

• 9779455

		CLAIMS AS	Column			mn 2)		SMALL EN	mmy	OR	OTHER SMALL	
TOTAL CLAIMS			43				1	RATE	FEE	1	RATE	FEE
FOR N			NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS 43n			43mii	nus 20=	• 1	-3		X\$ 9=		OR	X\$18=	414
INDEPENDENT CLAIMS min				inus 3 =	•			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	. ;
* If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTAL	-	OR	TOTAL	1124
CLAIMS AS AMENDED - PART II							!	•	• •	OTHER		
(Column 1)						(Column 3)	<u> </u>	SMALL E	ENTITY	OR	SMALL	ENTITY
ENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	EST BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	• 41	Minus	• 2	3	= Ø		X\$ 9=	•	OR	X\$18=	
AME	Independent	NTATION OF M	Minus	•••	F OL ABA	=		X40=	ar . Nis s	OR	X80==	
_	THO! PHESE	MIATION OF M	ULTIPLE DE	PENDEN	CLAIM		J	+135=		OR	+270=	
							TOTAL		OR	TOTAL		
		(Column 1)		(Colu	mn 2\	(Column 3)		ADDIT. FEE	E		ADDIT. FEE	
B		CLAIMS REMAINING		HIGH	EST		1		ADDI-	1		ADDI-
		AFTER AMENDMENT	·	PREVI	IBER OUSLY FOR	PRESENT		RATE	TIONAL, FEE		RATE	TIONAL FEE
AMENDMENT	Total	•	Minus	**		=	-	X\$ 9=	:	OR	X\$18= .	
AME	Independent	NTATION OF M	Minus	•••		-		X40=		OR	X80=	y
_	rinoi Pricos	NIATION OF M	JLTIPLE DE	PENDEN	CLAIM		J	+135=		OR:	+270=	7
								TOTAL	·	OR	TOTAL	
		(Caluma 4)		/Oaka	01	(Column 3)		ADDIT. FEE			ADDIT. FEE	
		(Column 1) CLAIMS		(Colu	EST		۱,	· · · ·	4001			4551
ENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•	Minus	**		= ,	11	X\$ 9=	1 5-5	OR	X\$18=	7.
	Independent	•	Minus	***		=	11	X40=			X80=	·
5	FIRST PRESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]	~~~	-	OR	×00=	·
	Atha anto to a t		gest					+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **OPTAL ADDIT. FEE OPTAL ADDIT. FEE												
		mber Previously Pa hber Previously Pa							ropriate box			